



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO

# INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet

of

## Complete if Known

Application Number	09/238,950
Filing Date	January 27, 1999
First Named Inventor	Wayne Breda
Group Art Unit	3632
Examiner Name	K. Wood
Attorney Docket Number	06087.00003

## U.S. PATENT DOCUMENTS

Examiner Initials *	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number - Kind Code <sup>2</sup> (if known)			
<i>KW</i>		US-4,003,536 <input checked="" type="checkbox"/>	01-18-1977	Sekerich	
<i>KW</i>		US- 260,816 <input checked="" type="checkbox"/>	09-15-1981	Zissimopoulos et al.	
<i>KW</i>		US- 262,237 <input checked="" type="checkbox"/>	12-08-1981	Stauber	
<i>KW</i>		US- 4,629,074 <input checked="" type="checkbox"/>	12-16-1986	Toder	
<i>KW</i>		US- 4,725,027 <input checked="" type="checkbox"/>	02-16-1988	Bekanich	
<i>KW</i>		US- 4,886,237 <input checked="" type="checkbox"/>	12-12-1989	Dennis	
<i>KW</i>		US- 5,054,732 <input checked="" type="checkbox"/>	10-08-1991	Sukup	
<i>KW</i>		US- 5,458,305 <input checked="" type="checkbox"/>	10-17-1995	Woodward	
<i>KW</i>		US- 5,482,239 <input checked="" type="checkbox"/>	01-09-1996	Smith	
<i>KW</i>		US- 5,577,516 <input checked="" type="checkbox"/>	11-26-1996	Schaeffer	
<i>KW</i>		US- 5,857,685 <input checked="" type="checkbox"/>	01-12-1999	Phillips et al.	
<i>KW</i>		US- 6,079,678 <input checked="" type="checkbox"/>	06-27-2000	Schott et al.	

Examiner  
Signature

*Kimberly Lebrun*

Date  
Considered

*6/3/03*

\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.